

**TOWN OF SOUTH HADLEY**  
**IMPORTANT LEGAL DOCUMENT**  
**ANNUAL STREET LISTING**

IMPORTANT: General Laws of Massachusetts mandate an annual street listing of residents as of January 1 each year. Update the information provided by adding, deleting, or making changes below the printed information. Please sign and respond within ten (10) days, even if no changes are necessary. For assistance, call **TOWN CLERK AT 413-538-5017**

← If this address is incorrect, make corrections below

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**PLEASE PRINT**

[illegible]

**ENTER NUMBER OF DOGS:**

Telephone Number:

☐ \_\_\_\_\_

**See Reverse Side For More Instructions**



PLEASE DETACH BEFORE MAILING  
MAIL IN DOG REGISTRATION FORM



**To license your dog(s) for 2017 please complete the following information and send the appropriate license fee, a copy of current rabies vaccination paperwork (if a new dog or if information is different from last year) and a SELF- ADDRESSED STAMPED ENVELOPE. Your dog's license(s) will be mailed to you.**

**YOU MAY NOW REGISTER YOUR DOG ONLINE AT [www.southhadleyma.gov](http://www.southhadleyma.gov)**

**\*\*\*\*\*PLEASE INCLUDE ALL INFORMATION FOR EVERY DOG IN YOUR HOUSEHOLD\*\*\*\*\***

NAME/ADDRESS/PHONE :

**EMAIL ADDRESS:** \_\_\_\_\_

**DOG'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_ **BREED:** \_\_\_\_\_

NAME OF VET: \_\_\_\_\_ / Rabies Expiration Date: \_\_\_\_\_

**CHECK ONE:**             **MALE \$15.00**             **NEUTERED MALE \$10.00**             **FEMALE \$15.00**             **SPAYED FEMALE \$10.00**

**CHECKS SHOULD BE MADE PAYABLE TO THE TOWN OF SOUTH HADLEY.**

**Please send a SELF ADDRESSED STAMPED ENVELOPE to : Town Clerk's Office, 116 Main Street, South Hadley, MA 01075  
LICENSES ARE DUE BY MARCH 31, 2017.**

**SPECIAL INSTRUCTIONS:** Return IMMEDIATELY.

COMPLIANCE with this State requirement provides proof of residence to protect voting rights, veteran's bonus, housing for the elderly and related benefits as well as providing information for selection of jurors. This form DOES NOT register you as a voter.

**GENERAL INSTRUCTIONS: Please Print**

1. Verify and/or complete all information listed on the form.
2. List ALL family or household members whose legal address is the same. Include any member of the family in Military Service, away at school or confined to a rest home whose legal residence is the same.
3. Make all changes on the SHADED LINE below the printed line.
4. If a NEW MEMBER has been added to the family or household, enter the name and information on the blank line at the end of this form.
5. Put a line through the name of any resident no longer residing at this address and list his/her new address.
6. MOVED/DECEASED - Enter "M" or "D" if appropriate.
7. MAIL TO - Designates the person in your household to whom mail should be addressed. If you wish to change enter an "X" next to that individuals name.
8. OCCUPATION: Enter occupation not place of employment.
9. NATIONALITY - Enter only if not U.S. citizen.
10. VETERAN: Check if you are a U.S. Veteran.
11. To return this form, tri-fold form and insert into return envelope provided and mail.

Thank you for your cooperation.